FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUME:NT #

(2)

1. Corporation Name

ATLAC ACCOMMATES BEALTY INC

ATLAS ASSOCIATES HEALTT, INC.										
Principal Pla	ce of Business	Mailing Address			····	p semerals dat dente mbeds Delia Aliai	#filf #f#1) #1#	AI WHOLE BIND	15 MANIA DI DIA 11 ANTI	
	BAY LANE	770 PALM BAY L	ANE							
BAY 2 Miami Fl	33138	BAY 2 Miami Fl 33138								
US	55.55	US				3. Date Incorporated or Qualified 08/18/1989	3a. Date	of Last F 4/11/19		
		2a. Mailing Address	¬ · · ·			65-01/0109			Applied For	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc							Not Applicable 5 Additional	
22	2 27					5. Certificate of Status Desired			Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution			00 May Be		
Zip	Country	Cou	ntry		This corporation has liability for it.	ntanoible ta		ed to Fees 199 032		
24	25	<u> </u>				Florida Statutes Yes No			100.002	
·	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered /	Agent		
ATLAC	LANCT			81	Name					
ATLAS, JANET 1-PALM BAY COURT 970 PAIN BAY LANC				82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)			
	FL 33138	•		83					· · · · · · · · · · · · · · · · · · ·	
			ŀ	84	City		··· · · · · · · · · · · · · · · · · ·	85 Z	ip Code	
44 D.	40 5 007.05	0074500 51-14-00					<u>FL</u>		.	
or regist	ered acent, or both, in the State of Flo	orida. Such change was autl	horized by the c	ve-r orpa	named corpora oration's bloard	ation submits this statement for the purp d of directors. I hereby accept the appo	oose of cha xintrnent as	nging its registered	registered office d agent. I am	
	with, and accept the obligations of, Se	ection 607.0505, Florida Star	iutes.							
SIGNATURE	Signature, typed or printed name of registered ag		(NOTE: Registered	Agen	nt signature required	when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		<u>_</u>		
TULE NAME		DELETE	1.1 TI				L	_] Change	☐ Addition	
STREET ADDRESS	S DALLISAY OT 1797(C)	IAIN BAY LA	W C. 12 NA		ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CH							
TITLE	VD	DELETE	2 1 11					Change	Addition	
NAME	ATLAS, RUSSELL 4500 LAKE RD: 770 F	Only Baylan	22 NA	ME						
STREET ADDRESS		ATH DAY LAND	23 ST	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		2 4 GI	Y-S	I - ZIP					
TITLF	TD ATLAS, RANDY	DELETE	3 1 Ti	TLE			[Change	Addition	
NAME	4 DALLEDAY COURT 2	20 PALH BAYLI	4Ne 3.2 NA							
STREET ADDRESS	MIAMI FL				ADDRESS					
CITY-ST-7IP	- Control - Cont	DELETE	3.4 C(1 4, 1 T)		I - ZIP			Change	Addition	
NAME			4.2 NA					_ Change	1 Yanton	
STREET ADDRESS					ADDRESS					
C-TY-ST-ZIP			4.4 Ci						İ	
1iILF	1	DELETE	5. 1 Ti				Γ	Change	Addition	
NAME			5.2 NA	ME	-			-		
STREET ADDRESS	;		5 3 51	REET	ADDRESS					
CITY-ST-ZIP			5.4 CiT							
TallE		DELETE	6.1 1	TLE				Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS	S		6.3 ST	REET	ADDRESS					
CITY - ST - 719			64.00	Y-S	.T. 7IP				į.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if driginged, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTE

RUSSELL ATLAS 365751-2266